ATTACHMENT 2.2-A Revision: HCFA-PM-91-4 (BPD) Page 20 AUGUST 1991 OMB NO.: 0938-CALIFORNIA State: Groups Covered Citation(s) Agency* B. Optional Groups Other Than the Medically Needy PAGE NOT APPLICABLE (Continued) 13. Certain disabled children age 18 or 1902(e)(3) under who are living at home, who of the Act would be eligible for Medicaid under the plan if they were in a medical institution, and for whom the State has made a determination as required under section 1902(e)(3)(B) of the Act. Supplement 3 to ATTACHMENT 2.2-A describes the method that is used to determine the cost effectiveness of caring for this group of disabled children at home. 14. The following individuals who are not 1902(a)(10) mandatory categorically needy whose income (A)(ii)(IX)does not exceed the income level (established and 1902(1) at an amount above the mandatory level and of the Act not more than 185 percent of the Federal poverty income level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size, including the woman and unborn child or infant and who meet the resource standards specified in Supplement 2 to ATTACHMENT 2.6-A: Women during pregnancy (and during the a. 60-day period beginning on the last day of pregnancy); and

b.

Infants under one year of age.

Effective Date JAN 01 1993

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| Agency* | Citation(s) | Groups Covered | | | | |
|---------------------|--|---|--|--|--|--|
| | | B. Optional Groups Other Than the Medically Needy (Continued) | | | | |
| (10) (11) and | (a) ** // (A) (IX) 1902(1)(1) of the Act | The following individuals who are not mandatory categorically needy, who have income that does not exceed the income level (established at an amount up to 100 percent of the Federal poverty level) specified in Supplement 1 of ATTACHMENT 2.6-A for a family of the same size. | | | | |
| | | Children who are born after September 30, 1983 and who have attained 6 years of age but have not attained | | | | |
| | | | | | | |
| | | // 8 years of age. | | | | |
| | | | | | | |
| ***No | ot applicable/ | obsolete | | | | |
| | | | | | | |
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| TN No. Supers | 92-09 edes A | pproval Date NOV 18 1993 Effective Date 4AN 01 1993 | | | | |

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Revision: HCFA-PM-91-4 AUGUST 1991

TN No. ____

State: CALIFORNIA

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AUGUST 1991

State:

California

Agency* Citation(s)

Coptional Groups Other Than the Medically Needy (Continued)

ATTACHMENT 2.2-A Page 22 OMB NO.: 0938
Groups Covered

1902(a) ((ii)(X) and 1902(m) (1) and (3) of the Act 16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act.
 Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to <u>ATTACHMENT 2.6-A</u> for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in <u>ATTACHMENT 2.6-A</u>.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | | ALIFORNIA | |
|---------------------------------------|-------|---|---|
| cov | ERAGE | AND CONDITION | NS OF ELIGIBILITY |
| Citation(s) | | | Groups Covered |
| PAGE NOT APPLICABLE | в. | Optional Gro (Continued) | ups Other Than the Medically Needy |
| 1902(a)(47) and 1920 of the Act | | "q \$1 pr hi sr 2. pr | egnant women who are determined by a qualified provider" (as defined in 1920(b)(2) of the Act) based on seliminary information, to meet the ghest applicable income criteria secified in this plan under ATTACHMENT 6-A and are therefore determined to be resumptively eligible during a presumptive ligibility period in accordance with \$1920 of the Act. |

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Supersedes 7-09
Approval Date NOV 18 1993
Effective Date JAN 01 1993
TN No. 87-09

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ATTIACHMENT 2.2-A Page 23a

| | State/Territory: CALIFORNIA |
|---|---|
| Citation | Groups Covered |
| В. | Optional Groups Other Than the Medically Needy (Continued) |
| 1906 of the ACT . | 18. Individuals required to enroll in cost-effective employer-based group healt; plans remain eligible for a minimum enrollment period of O months. |
| 1902(a)(10)(F and 1902(u)(1 of the Act DHS | |
| 1902 (a) (10) (A) (ii) (XII | |

TN No. <u>94-012</u> upersedes IN No. <u>92-09</u>

Approval Date 4/25/96

Effective Date 10/1/94

Citation

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TN No. 97-16 Supersedes NONE

ATTACHMENT 2.2-A Page 23b

Groups Covered

Optional Coverage Other Than the Medically Needy В. 21.

(Continued)

بورز 1902(a)(10)(A) (ii) (XIV) of the Act

Not Applicable

Optional Targeted Low Income Children who:

- are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);
- would not be eligible for Medicaid b. under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in \$1902(1)(2)(D));
- are not covered under a group health c. plan or other group health insurance (as such terms are defined in §2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;
- d. have family income at or below:

200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

A percentage of the Federal poverty level, which is in excess of the 'Medicaid applicable income level" (as defined in \$2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

All children described above who are under age _____(18, 19) with family income at or below ____ percent of (18, 19) with family

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ATTACHMENT 2.2A Page 23c

| | | State/Territory: | | |
|------------------------|-------|---|--|--|
| Citation | Group | ps Covered | | |
| | B. | Optional Coverage Other Than the Medically Needy (Continued) | | |
| | | the federal poverty level (FPL). | | |
| | | The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the FPL specified for the classification: | | |
| | | (ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.) | | |
| 1902(e)(12) of the Act | | 22. A child under age (not to exceed age 19) who has been determined eligible is deemed to be eligible for a total of months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above. | | |
| 1920A of the Act | | 23. Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest | | |

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ATTACHMENT 2.2.A Page 23d

| | State/Territory: |
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| Citation | Groups Covered |
| | B. Ontional Coverage Other Than The Medically Needy (continued |

plan.

applicable income criteria specified in this

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on

application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

1902(a)(10)(A) ____X____ (ii)(XIII) of the Act

24. Working disabled individuals who meet the requirement of Section 1902(a)(10)(A)(ii)(XIII) who: (a) have net countable family income below 250 percent of the FPL (b) are disabled according to federal standards, and (c) except for earnings, the disabled individual must be eligible for benefits under the Supplemental Security Income/State Supplemental Program (SSI/SSP). The FPL for one is used if the individual is a child; if the applicant is unmarried; or the applicant is married but there is no income counted

Tn No. 00-006 Supersedes Tn No. N/A

| Revision: | ATTACHMENT 2.2-A Page 23e | | | |
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| | State/Territory: | | | |
| Citation | Groups Covered | | | |

B. Optional Coverage Other Than The Medically Needy (continued)

under spousal deeming. The FPL for two is used for a married applicant when there is income counted under spousal deeming.

See Attachment 2.6-A, Page 12c for more liberal income and resource methodologies than those applied in the SSI program.

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(BPD)

ATTACHMENT 2.2-A

Page 24

OMB NO.: 0938-

State:

California

Agency* Citation(s)

Groups Covered

C. Optional Coverage of the Medically Needy

42 CFR435.301

This plan includes the medically needy.

DHS

No.

Yes. This plan covers:

DHS

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act DHS

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10) (C)(ii)(I)of the Act DHS

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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